

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99130

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie C Roal

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 24 Years,

Months,

Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 24 years

Place of Death, { Give Street and Number. } 508 2nd Ave

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis
asthenic

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 10 1887

Undertaker, Benedict Hale

Place of Business, 115 West 8th

L B Paceth

M. D.

Medical Attendant.

Address, 1124 Druid Hill Ave

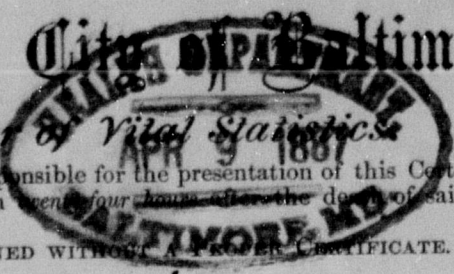
Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.
Permit No. 99131 Office of Registrar & Vital Statistics. Ward 11²
The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.



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CERTIFICATE OF DEATH.

Date of Death, April 9th '87
Full Name of Deceased, Nettie Muller
Sex, ~~Male~~ Female
Age, One Year, Months, Days,
Color, White
Married, Single, Widow or Widower
Occupation, none
Birth Place, 519 N. Eutaw St.
Duration of Residence in the City of Baltimore, One year
Place of Death, 519 N. Eutaw St.
Cause of Death, Indigestion
Gastritis
Ten days
Duration of Last Sickness, Ten days
Place of Burial, Loudon Park
Date of Burial, Sun. Apr 10/87
Undertaker, J. B. Gardner M. D.
Place of Business, 202 N Eutaw Address, 424 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER]

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Health Department, City of Baltimore.

Permit No.

99132

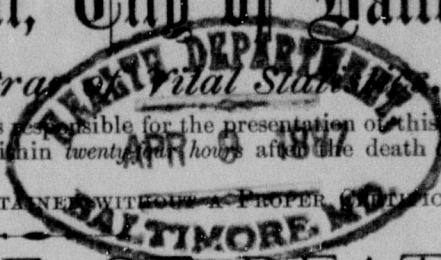
Office of Registrar

Ward

14
13¹¹

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 9th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thomas Smith

Sex, Male or Female, { Cross out the word not required in this line. } Male.

Age, 53. Years, Months, Days.

Color, Black.

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Rag Buyer.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Anne Arundel Co Md.

Duration of Residence in the City of Baltimore, 12 Twelve years.

Place of Death, { Give Street and Number. } 1023. Raborg St.

Cause of Death, { First (Primary), Consumption
Second (Immediate), }

Duration of Last Sickness, 1 Md. 19 days.

All the above information should be furnished by the Physician.

Place of Burial, A. A. Co Md.

Date of Burial, April 10th 1887

{ Undertaker, J. Surgeon } { Comm^r of Health, J. A. M. D. } { Medical Attendant, } { Registrar, }

{ Place of Business, } { Address, }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

John E. Dending Inspector

Health Department, City of Baltimore. 14
 Permit No. 99133 Office of Registrar of Vital Statistics. Ward 13

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CERTIFICATE OF DEATH.

Date of Death, April 8. 1887
 Full Name of Deceased, Emma Roberts
 Sex, Male or Female, Female
 Age, 45 Years, Months, Days.
 Color, 0
 Married, Single, Widow or Widower, Single
 Occupation,
 Birth Place, Balt.
 Duration of Residence in the City of Baltimore,
 Place of Death, 1013 Roburg St
 Cause of Death, Cancer Breast
 Duration of Last Sickness, 4 mo.
 All the above information should be furnished by the Physician.
 Place of Burial, Laurell Cemetery
 Date of Burial, April 10. 1887
 Undertaker, S. M. Chase
 Place of Business, 763 N. Fayette St Address, 763 N. Fayette St
 Medical Attendant, C. W. Neff, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.
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 [OVER.]

HEALTH DEPARTMENT, BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 9913c Office of Registrar of Vital Statistics. Ward 18

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CERTIFICATE OF DEATH

Date of Death, April 20 1887

Full Name of Deceased, Charles Amy Agent

Sex, Male or Female, Male

Age, 58 Years, Months, Days.

Color, White

Married Single Widowed or Widower, Single

Occupation, Laborer

Birth Place, Maryland

Duration of Residence in the City of Baltimore, 48 yrs

Place of Death, 123 Washington St

Cause of Death, First (Primary), Apoplexy, Second (Immediate), Embolism of coronary artery

Duration of Last Sickness, 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 21 1887

Undertaker, W Cadogan

Place of Business, 227 Mullorey St

Address, 123 Washington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

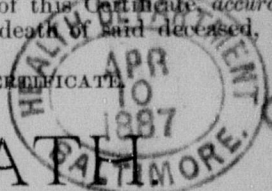
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99135 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE



CERTIFICATE OF DEATH

Date of Death, April 8th 1887-

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Delia.

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, Years, 1 Months, Days.

Color, White -

Married, Single, Widow or Widower, { Cross out the words not required in this line. } V

Occupation, -

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime -

Place of Death, { Give Street and Number. } St. Vincents Asylum -

Cause of Death, { First (Primary), Second (Immediate), } Enterocolitis - Exhaustion -

Duration of Last Sickness, 3 wks -

All the above information should be furnished by the Physician.

Place of Burial, New Cath. Church

Date of Burial, April 11. 1887

{ Undertaker, John Masters } F. J. Flannery M. D. Medical Attendant.

{ Place of Business, Division St. } Address, 1701 Dr. Hill

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No.

99136

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH



Date of Death, April 8th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nellie

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, _____ Years, 2 Months, _____ Days.

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } St. Vincent's Asylum.

Cause of Death, { First (Primary), Marasmus
Second (Immediate), Exhaustion -

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, New North Church

Date of Burial, April 11, 1887

{ Undertaker, John Masterson } J. J. Flannery M. D.
Medical Attendant.

{ Place of Business, Division H } Address, 1701 Dr. Hill ave.

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[OVER.]

Permit No.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

U. S. DEPARTMENT
APR
10
1987
BALTIMORE.

April 8th 1887

Soloph Michel

Age, 50 Years, 9 Months, 1 Days.

white

Mamie

Produce dealer

Germany

13 years

79 S. Sharp v

Phthisis Pulmonalis

1 year

Place of Burial, *Chile Holam Cemetery*

Date of Burial, *April 10*

Undertaker, *Leola Han + Linn*

Place of Business, 534 N. Calvert ^{Address}

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 9738 Office of Registrar of Vital Statistics, Ward 18

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CERTIFICATE OF DEATH.

Date of Death, April 8, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emily Boyer

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 57 51 Years, — Months, — Days.

Color, Black

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Washerwoman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Queen Ann Co. Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, { Give Street and Number. } 272 S Howard St

Cause of Death, { First (Primary), Second (Immediate), } Epilepticalia of the uterus

Duration of Last Sickness, 14 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 10 1887

{ Undertaker, Hercules Ross } Sherrard M. D. Medical Attendant.

{ Place of Business, 94 E. Con May St } Address, 578 Hammond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99139 Office of Registrar of Vital Statistics. Ward 8

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CERTIFICATE OF DEATH

Date of Death, April 8
Full Name of Deceased, William Frisby
Sex, Male or Female, Male
Age, 10 Years, Months, Days
Color, Colored
Married, Single, Widow or Widower, Single
Occupation,
Birth Place, Baltimore City
Duration of Residence in the City of Baltimore, Since birth
Place of Death, No. 25 Bankard Lane
Cause of Death, First (Primary), Marasmus
Second (Immediate),
Duration of Last Sickness, Since birth
Place of Burial, Mount Airy
Date of Burial, April 10, 1887
Undertaker, Hercules Ross
Place of Business, 404 E. Con. Street Address, Dr. Columbia & Fremont Ave.
Medical Attendant, M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]